



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

received 1/14/14 - cd REPORT#6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).

Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.

Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED

By Carol Day at 8:31 am, Feb 05, 2014

DATAMASTER SN 201302	NAME OF AGENCY St. Joseph Police Department	DATE OF INSPECTION 01/06/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon St. Joseph		TIME OF INSPECTION 1423

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 01/06/2014 1423
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 oc	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Repco Marketing LOT # 12002 EXRDATE 08/29/2014	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 oc SIMULATOR SN SD3330 EXP. DATE 01/02/2015	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 - .100	TEST 2 - .100	TEST 3 .100
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 3	(.10-.14) 7	(.15-.09) 1	(OVER .19) 1
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Scott Gary Chris McBane
TYPE ID PERMIT NUMBER/EXPIRATION DATE 220179 08/03/2014 220199 08/13/2014	TELEPHONE NUMBER 816-271-5359

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 12002
EXPIRATION DATE: August 29, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

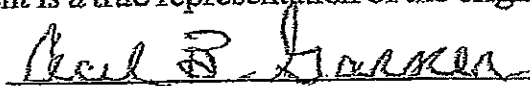
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is August 30, 2012
The expiration date for this lot number is August 29, 2014 at
11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.

ACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201302
01/06/14

ARREST TIME: 14:00
SUBJECT NAME:
HKL
DOB: 09/09/09 SEX: M
STATE/D.L.: MO/0986532
ARRESTING OFFICER:
KFF
OFFICER I.D.: 1013
TESTING OFFICER:
GARY/SCOTT
OFFICER I.D.: 1013
PERMIT NUMBER: 220179
EXPIRATION DATE: 08/03/14
MISCELLANEOUS DATA:
KFF TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	14:42
INTERNAL STANDARD	VERIFIED	14:42
AUDIO INTERFERENCE		

OR SIGNATURE

k No.

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201302
01/06/14

TESTING OFFICER:
GARY/SCOTT
OFFICER I.D.: 1013
PERMIT NUMBER: 220179
EXPIRATION DATE: 08/03/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	14:35
INTERNAL STANDARD	VERIFIED	14:35
EXTERNAL STANDARD	.100	14:35
BLANK TEST	.000	14:36
EXTERNAL STANDARD	.100	14:36
BLANK TEST	.000	14:37
EXTERNAL STANDARD	.100	14:37
BLANK TEST	.000	14:38

H = 3
SIM. = .1
HYD. = .1

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
ST. JOSEPH POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201302

01/06/14

14:23

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



CHRISTOPHER MCBANE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/13/2012

Number 220199

Expires 08/13/2014

MO 560-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



SCOTT GARY

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/03/2012

Number 220179

Expires 08/03/2014

MO 580-0771 (7-86)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-86)